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ABSTRACT

Physical and social loss which accompany aging are often believed to promote dependency upon family, social services, and health care providers. Clinicians frequently complain about dependent clients and patients who leave the clinician feeling worn out, or worse, burned out. Very few publications have defined or addressed this problem identified by clinicians in many disciplines. This paper demonstrates the value of a systems model in addressing problems inherent in working with dependent behavior in older adults. Concepts basic to the systems model are presented, including behavior as communication, patterns as system rules, homeostasis and stability, morphogenesis and change, and the reverberations of change. These concepts are applied to clinical problems using a problem-focused intervention strategy borrowed from the family therapy literature. The problem-focused model is illustrated with case examples of problems faced by different disciplines in geriatric settings. The model simplifies the identification of appropriate interventions with older individuals requesting help, and with the multiple helping agents already involved. (The paper includes a visually-condensed version of information originally presented in poster form.) (Author/NRB)

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Dependency: The application of the systems approach to a clinical problem

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Presented at the annual meeting of the Gerontological Society of America, San Antonio, Texas, November, 1984

Abstract*

Physical and social losses which accompany aging are often believed to promote dependency upon family, social services, and health care providers. Clinicians frequently complain about "dependent" clients and patients who leave the clinician feeling worn out, or worse, burned out. Very few publications have defined or addressed this problem identified by clinicians in many desciplines. This poster demonstrates the value of a "systems" model in addressing problems inherent in working with dependent behavior in older adults. Concepts basic to the systems model are presented, including behavior as communication, patterns as system rules, homeostasis and stability, morphogenesis and change, and the reverberations of change. These concepts are applied to clinical problems using a problem-focused intervention strategy borrowed from the family therapy literature. The problem-focused model is illustrated with case examples of problems faced by different disciplines in geriatric settings. The model simplifies the identification of appropriate interventions with older individuals requesting help, and with the multiple helping agents already involved.

The following pages include a visually-condensed version of information originally presented in poster format.

A system is defined as "a regularly interacting or interdependent group of items forming a unified whole" (Webster, 1977).

Stability and Change

Mechanisms acting within the system	System Type	Process
Homeostasis	Stable	Maintain current relationships within system
Morphogenesis	Unstable	Change features of system so system is elaborated

Communication

Within a system, relationships exist via communication

The communication process defines the patterns of interaction within the system

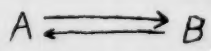
An observer of a system can describe the on-going patterns of interactions using the "rules" metaphor (i.e., a system can be said to act "as if" it obeyed rules)

Rules identify relationship aspects of the system

Thus, communication (or information sharing) is a defining characteristic of a system since it determines the nature of the relationship

A B

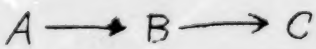
No communication, No system



Communication defines the system

Causality

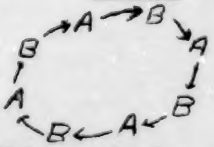
Linear



A unidirectional, progressive chain of causality

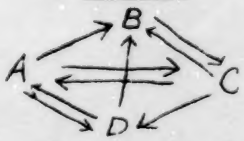
Circular

Simple



Even within a simple system communication is on-going and involves feedback as illustrated above.

Complex



This diagram illustrates the multi-directionality and multiple causality inherent in complex systems.

Dependency: A System Model

- Dependency is an observer's attempt to label a pattern (i.e., a metaphoric "rule").

- Dependency is not a personal trait. Rather, it describes a pattern of interaction among members of a system.

- A strategy is needed for observing communication in order to determine the nature of the change that is needed.

- It is assumed that a dependent system, if in a relatively stable state, will attempt to maintain its current structure.

- To initiate morphogenesis, a unit within the system must communicate differently. Instability must preceed systemic reorganization.

Identifying System Patterns: A Questioning Strategy

1. For whom is this pattern a problem?

2. What is the problem?

3. What "solutions" have been attempted?

4. Which of those solutions is currently being applied?

5. What must be changed for the problem to be solved? (the bottom line)

CASE EXAMPLE

Mrs. Smith is a rather "hysterical" 67 year old woman who is a source of great frustration to the oupatient clinic. Staff report that she "starts talking the minute she enters the building and doesn't stop until the doctor gives her the medication she wants. Even then she mumbles on the way out the door." Staff feel like they could tolerate this, if it were not for the fact that she is nearly deaf, and speaks with a thick country accent. The nurses in this clinic are not cruel, but she has pushed the buttons of most of them at one point or another. The details of the interaction are as follows. Mrs. S hears a strange noise in her house. Due to the hearing loss she has difficulty sleuthing out the cause of the noise. gets worried, catastrophizes a bit, gets panicked, starts showing somatic anxiety symptoms, believes her heart is "going bad", and, naturally, heads for the hospital. In her current dither she walks in the hospital door too upset to notice the difference between custodial staff and nurses. She talks to three janitresses, each of whom points her another direction and turns away quickly, embarrassed to be the center of so much commotion. Mrs. S gets more panicked since none of the "nurses" believe she is really sick. She attempts to get immediate, appropriate attention, and makes her requests/demands in a louder tone of voice. Meanwhile, the nursing staff hear her coming down the hall, and brace themselves knowing that no amount of nice pats will help. By the time she is in front of them, each is hoping something magic will take her away. She gets louder, they ignore harder. Finally, someone escapes to the physician (who is well aware of the commotion from down the hall). The physician decides to see her right away, since she is such a disruption to the whole clinic. By this time, Mrs. S is past the talking stage. The physician finally hands her a prescription with a gentle nudge out the door. She toddles off muttering about how terrible medical care has become that you almost have to have a

heart attack in order to get attention in a hospital. She goes back home, and time passes before the next paper lands on the front porch.

Traditional, Individualistic Approach

Diagnosis

Axis I: Probable Primary Degenerative Dementia

Atypical Anxiety Disorder

Axis II: Histrionic Personality Disorder

Axis III: ∅

Treatment

Unlikely to occur. Public Health Nurse or Social Worker may be called in to evaluate independent living competence. Referral made to Geriatric Clinic.

Prognosis

Poor. Patient is clearly on downhill trajectory (e.g., few resources, uncooperative).

A Systems Approach

For whom is this a problem?	Staff and Mrs. S. Staff seek help from a consulting psychologist. Hence, the focus in on resolving the staff's problem.
What is the problem?	The loudness with which Mrs. S speaks (many patients are demanding, confused, or anxious, but do not engage in the same interaction pattern and are not defined by staff as a problem).
What solutions have been attempted?	Ignoring her. Medicating her. Getting her out of the clinic as fast as possible. Reasoning with her. Putting her in a room to wait for the physician.
Which solutions are being attempted currently? (i.e., are now a part of the interaction)	Ignoring. Medicating. Ushering her out as soon as possible.
What must change for the problem to be solved?	She must be quiet in the hospital.

Analysis

The interaction took place in an effort for Mrs. S to solve her problem of being afraid. Perhaps an alternative way of dealing with fears that did not involve the health care system could be implemented. However, Mrs. S believes the problem involves her heart, and this apparently cannot be changed by reasoning with her.

Intervention

The following plan was presented to Mrs. S. When she heard a noise which frightened her she was to call the outpatient clinic. (Since it is possible that she could be in danger, it was agreed that it was wise to let someone know.) The nurse receiving her call was to remind her of the possibility of danger and to agree to call for help. Mrs. S was then to check all doors and windows, making sure they were locked, and to look on all porches (just in case she might come up with critical information about the noise, like a newspaper or cat on the porch.) She was then to await a call, the nurse, meanwhile, was to call a volunteer and instruct them to call Mrs. S immediately and:

1). Agree, again, that danger was possible.

2). Compliment Mrs. S on being cautious in responding to the danger (locking doors and windows)

3). Suggest that since her "heart might act up", that she should walk to the senior center 6 blocks away (closer than the clinic) for a blood pressure test. When she got to the center she was to wait in the lobby for 15-20 minutes to let the effects of the walk wear off, and then have the blood pressure checked.

Mrs. S agreed to the plan, noting that it seemed less frenzied that her typical procedure. However, she did express concern that there might be no one at the senior center who could help if her heart, indeed, was acting up. She was complimented for foresightedness and caution. She then suggested that perhaps the senior center van could take her to the hospital if needed. This was agreed upon.

Results

Other than one "break down" of the system that occurred when a new nurse came into the clinic and was not properly informed, the plan went as hoped. In addition, unexpected benefits accrued to all involved. First, Mrs. S began to keep her regularly scheduled appointments at the clinic. Eventually she was referred to several sensory specialists and ended up with somewhat improved vision and hearing (new glasses and hearing aid). Second, she spent enough time at the senior center in the following months that she began to know people, and began to attend activities regularly. Finally, over time her panicked calls to the outpatient clinic decreased in frequency as she began to trust her own ability to handle danger, and had more social contact leaving her less time at home alone.

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